

Remarks

The Office Action has objected to the specification under 37 CFR §1.75(i). In response, claims 1 and 16 have been amended to separate each element or step of the claim by a line indentation. Claim 1 has been further amended to correct a typographical error.

The Office Action has rejected claims 1-18 under 35 U.S.C. 102(e) as being anticipated by US Patent Application Publication Number 2003/0050794 to Keck, et al. (hereinafter "Keck"). Applicant traverses the rejections for the following reasons.

Keck teaches a method and system for provision of hospital care to ensure efficient utilization of hospital resources and to optimize reimbursement of hospital expenses. The system taught in Keck comprises a computing device, as depicted in Figure 1, which contains a memory and processor to store and run the application for implementing the method, as well as a display device with an optional touchscreen etc. (see also paragraphs 27 and 30). In general, the system taught in Keck is meant to be operated by hospital staff to capture all treatments performed on a patient over a given time period which makes billing easier and further allows periodic reports to be generated (see paragraph 24).

The application taught in Keck is embodied in a flowsheet, for example in LOTUS® (see paragraphs 24 and 25), in which hospital staff record patient

data by clicking on relevant cells and entering desired information (paragraph 25). As is depicted in Figures 4a and 4b, and described in paragraphs 30 and 31, the flowsheet is very clearly based on a grid system, similar to a spreadsheet, in which all the relevant cells are presented to the hospital staff at once. As such Keck does not teach or suggest at least one main question and a plurality of dependent questions linked to a response of said main question and each other, as the hospital staff entering data into the cells simply need to capture the procedures that are being performed on a patient. Indeed, to trained hospital staff, a series of questions would be viewed as an irritant, and further counter to the purpose of Keck, which is to enable the medical professionals to quickly and efficiently enter and capture data. Indeed, paragraph 30 specifically makes reference to the layout and categories of data defined in the spreadsheet as being particularly useful in a hospital Emergency Department, based on the inventor's years as an administrator of such a department. Conspicuous by its absence is any mention of a question/response model in paragraph 30, or any other paragraph of Keck.

The system taught in Keck is further not meant to be used by patients, and indeed is meant to address the problem of how to ensure that billable procedures performed on unconscious patients are captured for billing (e.g. paragraph 3). Hence Keck specifically teaches away from patient interaction with the application. Further, Keck only contemplates entering of data into the flowsheet after intake/triage has been performed (e.g. see

Figures 2, 3 and paragraphs 28 and 19, in which the computing devices of Figure 1 are clearly shown as being away from a triage station (i.e. an intake/admitting room) and hence are further not located proximal to a waiting area of a hospital emergency room, nor directed to intake of a patient in said hospital emergency room.

In contrast, the present application is directed towards providing:

"A computing device for location proximal to a waiting area of a hospital emergency room and for intake of a patient in said hospital emergency room comprising a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen, said touch screen further operable to display information to said patient; said computing device further comprising a set of headphones connected to said computing device for presenting audio output to said patient; and wherein said computing device is configured to receive an identification of said patient and a preferred language of said patient, and further operable to present on said touch screen at least one main question and a plurality of dependent questions linked to a response of said main question and each other, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital, said device further operable to receive responses to each of said questions by touch screen input from said patient, said device

further operable to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient. "

Keck cannot possibly teach the subject matter as claimed in the present application. First of all Keck is directed towards tracking information after a patient has undergone intake/triage and treatment has commenced. As such, Keck is directed for use by hospital staff and cannot possibly teach "a touch-screen operable to receive input by allowing said patient to depress active portions along the surface of said touch-screen" because a patient would not have access to the system of Keck.

Second, Keck cannot possibly teach "to present on said touch screen at least one main question and a plurality of dependent questions linked to a response of said main question and each other, said questions presented in said preferred language of said patient, said questions pertaining to an intake procedure of said patient to said hospital", as Keck is in no way meant to be used by patients, nor is Keck directed towards an intake process, for the reasons discussed above. Further, Keck does not teach or suggest presenting questions to patients for similar reasons, or questions of any kind, also discussed above, and directed solely towards capturing information in a flowsheet, the cells of which are presented all at once to hospital staff such that the cells may be filled in by hospital staff.

Thirdly, and for similar reasons, Keck cannot possibly teach "to generate an intake report based on said responses in a preferred language of a hospital staff member responsible for further processing of said intake of said patient" as Keck is not directed towards intake, but rather tracking information after intake has occurred.

Finally, the Office Action asserts on page 3 that "user defined inputs" of Keck is interpreted to encompass "preferred language of said patient". Applicant respectfully disagrees. All instances of the term "user defined inputs" in Keck, including references to the prior art, refer solely to inputs relating to medical procedures, patient routing, billing (e.g. paragraph 5), patient history, test results, medical findings (paragraph 6), billing codes (paragraph 26), patient and hospital resource utilization data (paragraph 27), date, hospital/department information, patient information, time by process, patient fate and testing performed (paragraphs 11 and 30 in combination). Indeed, from paragraph 27 of Keck, it is clear that user-defined fields in the meaning of Keck refer simply to user-defined fields in the flowsheet: in other words specific information pertaining to the stay of the patient in the hospital that is stored in a particular cell in the flowsheet. In no way can user-defined inputs encompass preferred language of said patient within the meaning of the subject matter claimed in the present application, for example "said questions presented in said preferred language of said patient".

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Hence, it is believed that the application is in condition for allowance, and allowance is requested. To the extent that any issues remain to be resolved, however, Applicant requests that the Examiner contact the undersigned to resolve these issues.

The Commissioner is authorized to charge the extension of time fees to the Credit Card on file with the Office. The Commissioner is also authorized to charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 50-3750.

Respectfully submitted,



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